

**NEW JERSEY STATE POLICE
OFFICE OF EMERGENCY MANAGEMENT
BOX 7068, RIVER ROAD
WEST TRENTON, NJ 08628-0068
Field Training Unit Phone 609-584-5000 ext 5220**

TRAINING APPLICATION

PLEASE TYPE OR PRINT:

| | | |
|------------------------|---|-----------|
| First Name | Middle Initial | Last Name |
| Social Security Number | M F Sex <u>(HOME INFORMATION)</u> | Job Title |

| | | |
|--------------------------------|--------|--|
| () Phone Number | E-mail | |
|--------------------------------|--------|--|

| |
|-----------------|
| Street/P.O. Box |
|-----------------|

| | | |
|------|--|-----|
| City | County <u>(WORK INFORMATION)</u> | Zip |
|------|--|-----|

| | | |
|--------------------------------|-------------------------------|--|
| () Phone Number | Employer/Agency you Represent | |
|--------------------------------|-------------------------------|--|

| |
|-----------------|
| Street/P.O. Box |
|-----------------|

| | | |
|------|--------|-----|
| City | County | Zip |
|------|--------|-----|

**Do you have any disabilities which would require special consideration during your attendance at this course ?
No ____ Yes ____ Please describe and indicate any special considerations on a separate sheet attached to this
application. All requests for accommodations must be made 20 days prior to the start of the course.**

(COURSE INFORMATION)

| | |
|-------------|------|
| COURSE NAME | DATE |
|-------------|------|

| | |
|-------------|------|
| COURSE NAME | DATE |
|-------------|------|

APPLICATION DOES NOT GUARANTEE ACCEPTANCE. THOSE ACCEPTED WILL BE NOTIFIED BY MAIL.

| | |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

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|-------------------------------------|------|
| Signature of County OEM Coordinator | Date |
|-------------------------------------|------|

| | |
|---|------|
| Signature of NJOEM Regional Coordinator | Date |
|---|------|